STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

20158

File No. _____

Reg. No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Jackson

Civil Dis. 3

or

Village _____

or

City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 444

Primary Registration District No. 3774

2 FULL NAME Bobie Lenn Low

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mail

4 COLOR OR RACE: W

5 Single, Married, Widowed, or divorced (Write the word): M

6 DATE OF BIRTH: Oct 19 (Month) (Day) 1928 (Year)

7 AGE: _____ yrs. 9 mos. 19 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: John Low

11 BIRTHPLACE OF FATHER (State or country): Tenn

12 MAIDEN NAME OF MOTHER: Hoolie Dickson Low

13 BIRTHPLACE OF MOTHER (State or country): Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Low

(Address) Difficult Tenn

15 Filed Aug 8 1929 Benny Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 8 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attend deceased from Aug 5 1929, to Aug 8, 1929, that I last saw h~~im~~ alive on Aug 8, 1929 and that death occurred, on the date stated above, at 6 P M

The CAUSE OF DEATH* was as follows: 113

Cerebritis

_____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(Secondary)

_____ (Duration) _____ yrs. _____ mos. _____ ds.

Signed Chas W Ray Tennessee M. D.

_____, 19___ address Difficult

*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidential, Sucidal, or Homicidal State whether or not an operation was performed.

18 LENGTH OF RESIDENCE
(For Hospitals, Institutions Transients, or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL: Dowd Grove — DATE OF BURIAL: Aug 9 1929

20 UNDERTAKER: Tom Wilkes — ADDRESS: Willette, Tenn